


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90406 015 \*\*\*143.75

**DOCUMENT # L06000089988**

1. Entity Name  
**BERTEX LLC**



Principal Place of Business      Mailing Address

**13334 POLO CLUB ROAD**      **13334 POLO CLUB ROAD**  
**SUITE 343**      **SUITE 343**  
**WELLINGTON, FL 33414 US**      **WELLINGTON, FL 33414 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**11420 FORTUNE CIRCLE**      **SAME**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**I-10**

City & State      City & State

**WELLINGTON**      **FL**

Zip      Country

**FL 33414**      **Palm Beach**



02272008    Chg-LLC    CR2E083 (12/06)

4. FEI Number      Applied For

**20-5558542**       Not Applicable

5. Certificate of Status Desired       **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>DE SOULTRAIT, BERTRAND</b> <b>13334 POLO CLUB ROAD</b> <b>SUITE 343</b> <b>WELLINGTON, FL 33414</b>	<p>Name</p> <p>Street Address (P.O. Box Number is Not Acceptable)</p> <p><b>1227 GREENSIDE DR.</b></p> <p>City <b>WELLINGTON</b>      <b>FL</b>      Zip Code <b>33414</b></p>

*ADDRESS CHANGE*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>MGR</b>	<input type="checkbox"/> Delete <b>DE SOULTRAIT, BERTRAND</b> 1334 POLO CLUB ROAD, SUITE 343 WELLINGTON, FL 33414	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>11420 FORTUNE CIR SUITE I-10</b> WELLINGTON FL 33414
TITLE <b>MGRM</b>	<input type="checkbox"/> Delete <b>DE SOULTRAIT, ARTHUR</b> 125 RUE PIERRE BROSSOLETTE PRESLES, FR 95590	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>MGRM</b>	<input type="checkbox"/> Delete <b>DE SOULTRAIT, ERIC</b> 125 RUE PIERRE BROSSOLETTE PERSLES, FR 95590, 33414	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**       **2/27/08 561-795-4040**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #